OIPE 40.3

PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB:0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE r the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/648.069 TRANSMITTAL Filing Date 08/26/2003 First Named Inventor **FORM** Neelima Atluri Art Unit 3611 **Examiner Name** Silbermann, Joanne (to be used for all correspondence after initial filing) Attorney Docket Number NAI001 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information **Provisional Application** After Final Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Tope-McKay & Associates Signature Printed name Cary Tope-McKay Reg. No. Date 41.350 January 31, 2006 1 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Cary Tope-McKay

Typed or printed name

Date

January 31, 2006

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			<u> </u>	Complete if Known				
			Applic	Application Number 10/6		648,069		
FEE TRANSMITTAL		Filing	Date	08/26/2003				
For FY 2005			First N	lamed Inventor	Neelima Atluri			
Applicant plains ampli antity status Soc 27 CED 1 27			Exam	ner Name	Silbermann, Joanne			
Applicant claims small entity status. See 37 CFR 1.27			Art Ur	Art Unit 3611				
TOTAL AMOUNT OF P	AYMENT (\$)	250.00	Attom	ey Docket No.	NAI001			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 50-2691 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fe	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge ar	y additional fee	(s) or underpayments of	of fee(s)	Credit any or	vernavme	nts		
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
1	FILING	FEES SE Small Entity	ARCH FE Smal	ES EXA ∣ <b>Entity</b>		ON FEES all Entity		
Application Type	Fee (\$)					ee (\$)	Fees Paid (\$)	
Utility	300	150 50	00 25	50 20	00	100		
Design	200	100 10	00 5	0 13	30	65		
Plant	200	100 30	00 1:	50 16	50	80		
Reissue	300	150 50	00 2:	60	00 (	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM F	EES					Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 2				50	25			
Each independent	(including Reissues)			200	100			
Multiple dependent claims 360 180								
Total Claims			Fee Paid (	<u>5)</u>			pendent Claims	
- 20 or HF HP = highest number of		x = _		_		<u>Fee (\$)</u>	Fee Paid (\$)	
Indep. Claims	Extra Clair	. •	Fee Paid (	i)	-	<del></del>	<del></del>	
- 3 or HP = x =								
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = 100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S)  Non-English Spec	cification, \$	130 fee (no small ent	tity discou	nt)			Fees Paid (\$)	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 41,350	Telephone (310) 589-8158
Name (Print/Type)	Cary Tope-McKay		Date January 31, 2006

Other (e.g., late filing surcharge): Notice of Appeal (Small Entity)

250.00

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